

IHCP Eligibility and Portal Overview

Indiana Health Coverage Programs
DXC Technology
Annual Provider Seminar – October 2019



Agenda

- Eligibility Verification
- Eligibility- Special Programs
- Provider Enrollment
- Portal Overview
- Member Focused Viewing
- Prior Authorization – FFS
- Claims – FFS
- Search Payment History
- Reminder
- Helpful tools
- Q&A



Verify Member Eligibility



Verify Eligibility

Verification options

- Interactive Voice Response (IVR) system at 1-800-457-4584
- IHCP Provider Healthcare Portal (Portal) at portal.indianamedicaid.com
- Electronic 270/271 interactive or batch transactions



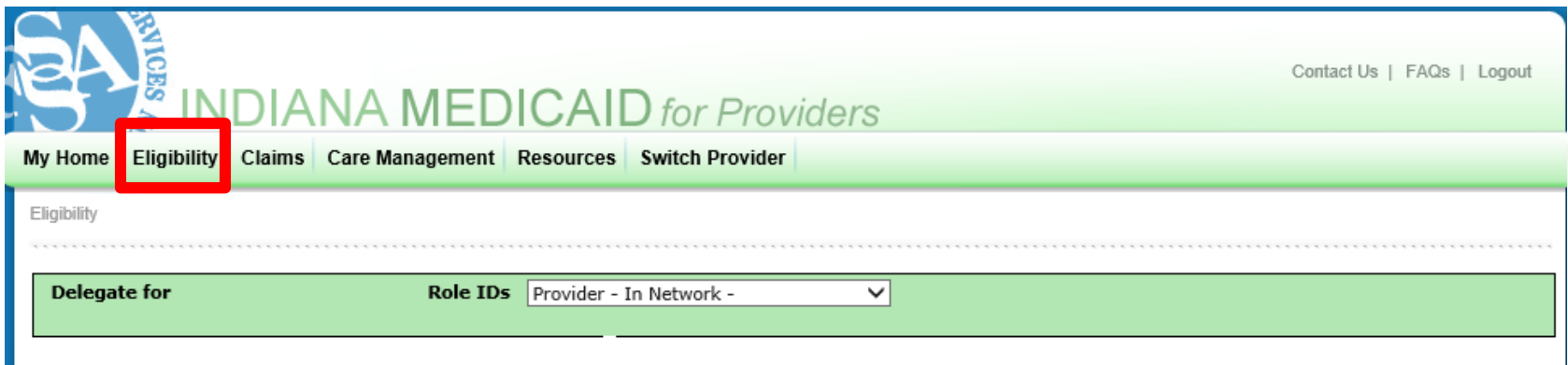
Verify eligibility on every visit!



Verify Eligibility on Portal

- Eligibility can only be verified as of provider effective date
- Eligibility cannot be verified for future dates

To access the Eligibility Verification Request function, log in to the Provider Healthcare Portal and click **Eligibility** on the menu bar.



The screenshot displays the Indiana Medicaid for Providers portal interface. At the top left is the FSA logo. The main header area contains the text "INDIANA MEDICAID for Providers" and links for "Contact Us", "FAQs", and "Logout". Below this is a horizontal menu bar with the following items: "My Home", "Eligibility", "Claims", "Care Management", "Resources", and "Switch Provider". The "Eligibility" item is highlighted with a red rectangular box. Below the menu bar, the page title "Eligibility" is shown. A green box contains the "Delegate for" label and a "Role IDs" dropdown menu currently set to "Provider - In Network -".

Verify Member Eligibility

To perform a search, the *Effective From* date is required, in addition to one of the following:

- Member ID
- Social Security number (SSN) and birth date
- Last name, first name, and birth date

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID

Last Name

First Name

SSN

Birth Date

* Effective From

Effective To



Verify Member Eligibility

The **Effective From** field is always required.

- If a date is not entered, the Portal defaults this field to the current date.
- This field accepts only current and previous dates.

The **Effective To** field is optional.

- The date entered must be on or after the Effective From date and must be **within the same calendar month** as the Effective From date.
- If a date is not entered, the Portal defaults to the Effective From date.

The screenshot shows the 'Eligibility Verification Request' form. It includes fields for Member ID, Last Name, First Name, SSN, Birth Date, Effective From, and Effective To. A red arrow points from the 'Effective From' field in the text above to the SSN field in the form. Another red arrow points from the 'Effective To' field in the text above to the Birth Date field in the form. The 'Effective From' field is pre-filled with '10/01/2019'. The 'Submit' and 'Reset' buttons are at the bottom.

Eligibility Verification Request

* Indicates a required field.

Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID Last Name First Name

SSN Birth Date


*Effective From Effective To



Verify Member Eligibility



No Results Found:

Error
Member not found, confirm and/or revise search criteria.



Eligibility Verification Request ?

* Indicates a required field.
Enter the member information. If Member ID is not known, enter SSN and Birth Date, or Last Name, First Name, and Birth Date.

Member ID	<input type="text"/>	Last Name	<input type="text"/>	First Name	<input type="text"/>
SSN*	<input type="text"/>	Birth Date*	<input type="text"/>		
*Effective From	<input type="text"/>	Effective To	<input type="text"/>		

When an eligibility search returns no results, qualified providers (QPs) see an additional option below the message to complete a Presumptive Eligibility for Pregnant Women (PEPW) or Presumptive Eligibility (PE) application for the patient.




Presumptive Eligibility

Presumptive Eligibility (PE) is a IHCP process by which individuals are deemed to be presumptively eligible for **temporary** coverage, until the Family and Social Services Administration (FSSA) determines official eligibility.



Verify Member Eligibility

Some members may have more than one coverage type listed. Each benefit plan plays an important role, depending on provider type.

Benefit Details 			
Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	07/16/2019	07/16/2019
Medicaid Rehabilitation Option	Medicaid Rehabilitation Option for Adults with Level of Need = 3, Service Package 3	07/16/2019	07/16/2019
Qualified Medicare Beneficiary	Qualified Medicare Beneficiary - Members for whom co-insurance and deductibles are paid as well as Medicare Part B premiums	07/16/2019	07/16/2019
Family Supports HCBS Waiver	Authorized Family Supports HCBS Waiver services found in the Notice of Action (NOA)	07/16/2019	07/16/2019

Eligibility – Managed Care

Limit Details				+
Managed Care Assignment Details				+
Demographic Details				+

Managed Care Assignment Details				-
Managed Care Program		Primary Medical Provider		Provider Phone
Hoosier Care Connect				
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone	
08/02/2019	08/02/2019	ANTHEM	1-844-284-1797	

Eligibility – Fee-For-Service

Benefit Details			
Coverage	Description	Effective Date	End Date
Full Medicaid	Full Medicaid for individuals who are 65 years old, blind, or disabled (FFS or Managed Care)	08/02/2019	08/02/2019

Managed Care Assignment Details			
Managed Care Program		Primary Medical Provider	Provider Phone
Fee for Service + NEMT			
Effective Date	End Date	MCO / CMO Name	MCO / CMO Phone
08/02/2019	08/02/2019	SOUTHEASTRANS, INC	

Southeastrans is the managed care entity for nonemergency medical transportation (NEMT) for fee-for-service (FFS) members.



Right Choices Program

Members identified with high utilization are assigned to primary lock-in providers, such as:

- One primary medical provider (PMP)
- One pharmacy
- One hospital (for non-emergent visits)
- Approved specialty providers



Members should be referred to their lock-in provider.



Right Choices Program

Managed Care Assignment Details



Right Choices Program



Demographic Details



Right Choices Program



☒ Indicates a PMP Provider.

RCP Provider	PMP	RCP Provider Phone	Service	Effective Date	End Date
XXXXXXXXXX	Yes <input checked="" type="checkbox"/>	XXXXXXXXXX	RCP-Physician	07/29/2019	07/29/2019
XXXXXXXXXX	No	XXXXXXXXXX	RCP-Pharmacy	07/29/2019	07/29/2019
XXXXXXXXXX	No	XXXXXXXXXX	RCP-Inpatient Hospital	07/29/2019	07/29/2019
XXXXXXXXXX	No	XXXXXXXXXX	RCP-Outpatient Hospital	07/29/2019	07/29/2019

Right Choices Program

Contact the Right Choices Program member's PMP to be added to member's panel.

INDIANA MEDICAID *for Providers*

Contact Us | FAQs | Logout

My Home | Eligibility | Claims | **Care Management** | Resources | Switch Provider

Care Management | Resources

- Create Authorization
- View Authorization Status
- Maintain Favorite Providers
- Submit RCP Referral to Lock-In List**
- Notification of Pregnancy Inquiry

PMP adds providers to member's panel here

Retroactive Eligibility

- 180 days to bill claims from the date the member becomes retroactive
 - Add claim note: “Retroactive Eligible”
- Payments made by retroactively approved members should be refunded to the member and claims billed to the payer
- Member is responsible for notifying providers of retroactive eligibility
- Retroactive eligibility for sterilization should follow IHCP sterilization guidelines to be reimbursed



Eligibility – Special Programs



Eligibility – Special Programs

The following are Medicare premium benefits only and do not require a waiver to bill member:

- **Specified Low Income Medicare Beneficiary (SLMB)** –
Medicare Part B premiums only
- **Qualified Individual (QI)** –
Medicare Part B premiums only
- **Qualified Disabled Working Individual (QDWI)** –
Medicare Part A premiums only

These members do not have any Medicaid benefits.

Eligibility – Special Programs

Qualified Medicare Beneficiary (QMB)

What's the difference?

QMB ALSO 

The IHCP pays member's Medicare, Part B premium and ALSO the member has full Medicaid benefits

Coverage
Full Medicaid
Qualified Medicare Beneficiary
Medicaid Rehabilitation Option
Other Insurance Detail Information

QMB ONLY 

The IHCP pays the member's Medicare Part B premiums and coinsurance/deductables ONLY. If Medicare does not allow the charge, the IHCP does not allow the charge.


Coverage
Qualified Medicare Beneficiary
Other Insurance Detail Information

For QMB-ONLY, a waiver is required to bill a member for Medicare noncovered services.



Eligibility – Special Programs

Preadmission Screening Resident Review (PASRR)

Benefit Details 			
Coverage	Description	Effective Date	End Date
PASRR Mental Illness (MI)	Pre-Admission Screening and Resident Review (PASRR) Mental Illness claims processing for community mental health centers (CMHC) and diagnostic and evaluation (D&E) teams.	07/16/2019	07/16/2019

- PASRR for nursing homes are the only payable codes
- No other benefits when PASRR is the **only** coverage
- Waiver not required to bill a member for a noncovered service
- Provider must be a PASRR enrolled provider



Eligibility – Special Programs


Medical Review Team (MRT)

Benefit Details 			
Coverage	Description	Effective Date	End Date
Medical Review Team	Medical Review Team procedure codes only	08/02/2019	08/02/2019

- Disability-determining codes only, per the Code Set
- Provider must be an MRT provider
- No other benefits when MRT is the only coverage
- No waiver form required when MRT is the only coverage

Eligibility – Special Programs

590 Program

Benefit Details 			
Coverage	Description	Effective Date	End Date
590 Program	590 Program - Residents in State Mental Health Facilities	08/02/2019	08/02/2019
PASRR Mental Illness (MI)	Pre-Admission Screening and Resident Review (PASRR) Mental Illness claims processing for community mental health centers (CMHC) and diagnostic and evaluation (D&E) teams.	08/02/2019	08/02/2019

590 Program members reside in a State institution.

- Full array of benefits, except transportation
- Claims for \$150 or less – billed to institution
- \$150 or more – billed to IHCP
- \$500 or more – requires prior authorization
- Provider must be enrolled in 590 program

Provider Enrollment



Provider Enrollment

Provider enrollment transactions can be done right on the portal

- New Enrollments
- Revalidation
- Profile Updates

INDIANA

Home

Home

Login ?

*User ID

Log In

[Forgot User ID?](#)

[Register Now](#)

[Where do I enter my password?](#)

Protect Your Privacy!
Always log off and close all of your browser windows

Would you like to enroll as a Provider?

[Provider Enrollment](#)

Drug Resources

[Fee-for-Service Pharmacy Resources](#)

Provider Enrollment

Watch for your revalidation period on your home page.

- ▶ [Disenroll](#)
- ▶ [Provider Profile](#)
- ▶ [Provider Maintenance](#)
- ▶ [Enrollment / Revalidation Status](#)

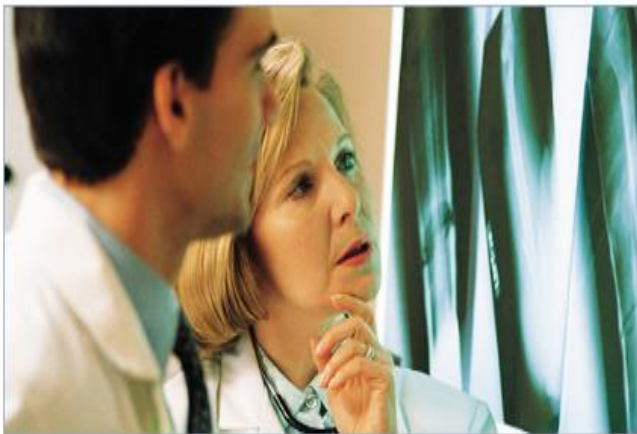


Revalidation warnings post 90 days before the revalidation is due. Failure to complete revalidation can result in enrollment termination.

IHCP Portal Overview

Portal Home Page

WELCOME HEALTH CARE PROFESSIONAL!



We are committed to make it easier for physicians and other providers to perform their business. In addition to providing the ability to verify member eligibility and submit claims, our secure site provides access to benefits, answers to frequently asked questions, and the ability to search for providers.



DXC contact
information
(phone, fax, mail)



Sign up to receive
important emails



Claim administrative review
requests,
Submit third-party liability (TPL)
updates, Portal assistance

Ask your administrator to give you full access to these features.



Portal Resources



Claim adjustment forms, TPL forms, provider correspondence forms

Resources

- ▶ [Claims/Billing](#)
- ▶ [Electronic Data Interchange](#)
- ▶ [Fee Schedule](#)
- ▶ [Forms](#)
- ▶ [Provider Reference Materials](#)
- ▶ [Pharmacy Services](#)
- ▶ [Provider Search](#)
- ▶ [Provider Education](#)
- ▶ [Email Notifications](#)

Quick access to the IHCP Fee Schedules

Workshop registration, presentations, webinar training



Switch Providers

My Home Eligibility Claims Care Management Resources **Switch Provider**

My Home

Delegate for Role IDs Provider - In Network -

Member in Focus: [Change](#) ID: [Return to Me](#)

User Details

Welcome

▶ [My Profile](#)

▶ [Switch Provider](#)

Provider

Name

Provider ID


▶ [Disenroll](#)

▶ [Provider Profile](#)

▶ [Provider Maintenance](#)

▶ [Enrollment / Revalidation Status](#)

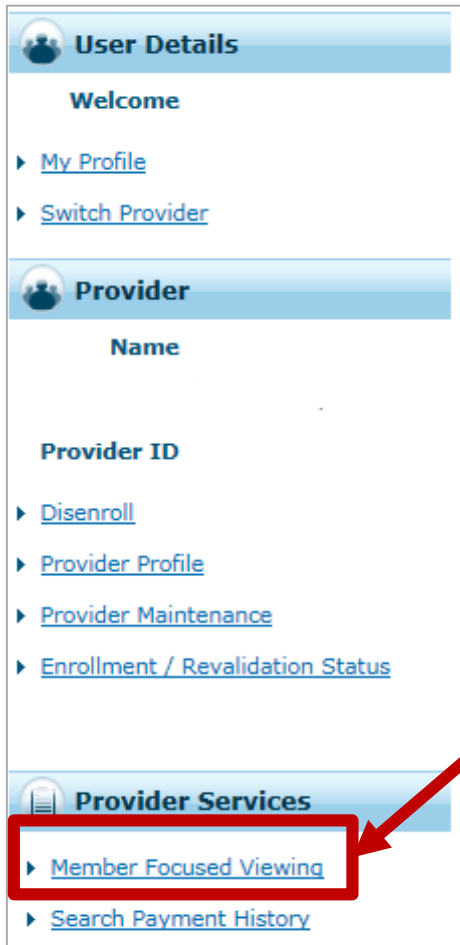
WELCOME HEALTH CARE PROFESSIONAL



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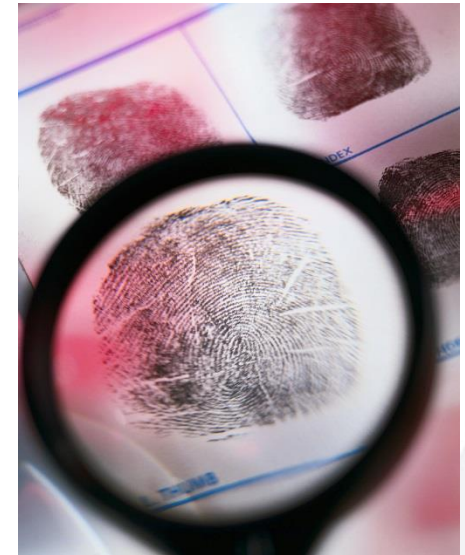
Member Focused Viewing

Member Focused Viewing



Member Focused Viewing allows quick access to:

- Member details
- Coverage details
- Claim search and submission
- Prior authorization search and submission



▶ [Member Focused Viewing](#)



Member Focused Viewing


Same search criteria as the *Eligibility* screen.

Member Focus Search

Last Members Viewed Search

* Indicates a required field.

Enter the Member ID or Last Name, First Name and Birth Date. ←

Member ID	<input type="text"/>			
Last Name	<input type="text"/>	First Name	<input type="text"/>	Birth Date ^⓪ <input type="text"/> 
City	<input type="text"/>	ZIP Code ^⓪	<input type="text"/>	





1

**Other Details****[Secure Correspondence](#)**

Review previously sent messages or send new secure messages.

3

**Member Details**

2

Member ID**Name****Birth Date****City****State****Gender****Primary Language** ENGLISH**Coverage**

To see details a
eligibility veri

Coverage

Full Medicaid

Qualified Medi

Medicaid Reha

[View eligibil](#)**Your Member Claims****Medical/Dental/Institutional**

To start entry of a new claim, click the Submit link for the app
To see details about a specific claim, click the Claim ID.

[▶ Submit a Professional Claim](#)[▶ Submit an Institutional Claim](#)

There are no claims

4

**Your Member Authorizations**

To start entry of a new authorization, click **Submit an Authoriz**
To see details about a specific authorization, click the Authorizati

[▶ Submit an Authorization](#)

There are no authorizat

Prior Authorization Fee-for-Service

Prior Authorization (PA)

Access the PA function from the Care Management drop-down menu.

The screenshot displays the FSA website interface. At the top, a navigation bar includes links for 'My Home', 'Eligibility', 'Claims', 'Care Management', 'Resources', and 'Switch Provider'. The 'Care Management' link is highlighted with a red box. Below this, a dropdown menu is open, showing options: 'Create Authorization', 'View Authorization Status', 'Maintain Favorite Providers', 'Submit RCP Referral to Lock-In List', and 'Notification of Pregnancy Inquiry'. The 'Create Authorization' option is also highlighted with a red box, and a large red arrow points to it from the right. The background of the page shows a 'WELCOME HEALTH CARE PROFESSIONAL' banner with an image of two healthcare providers.

My Home Eligibility Claims **Care Management** Resources Switch Provider

My Home

Delegate for Role IDs Provider - In Network -

Care Management Resources

Create Authorization

View Authorization Status

Maintain Favorite Providers

Submit RCP Referral to Lock-In List

Notification of Pregnancy Inquiry

Provider Profile

Provider Maintenance

Enrollment / Revalidation Status

WELCOME HEALTH CARE PROFESSIONAL

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Prior Authorization (PA)

Confirm Authorization

Review all information for the Authorization displayed below. If the information is correct, click the Confirm button. If you want to make any corrections to the Authorization, click the Back button. If you do not want to submit the Authorization request, click the Cancel button.

[Expand All](#) | [Collapse All](#)

Requesting Provider Information

Provider ID	ID Type	NPI	Taxonomy	Name	Rendering Provider
-------------	---------	-----	----------	------	--------------------

Member Information

Member ID	Member	Birth Date	Gender	Female
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Rendering Provider Information

Provider ID	ID Type	NPI	Taxonomy	Name	Rendering Provider
Service Type	DURABLE MEDICAL EQUIPMENT PURCHASE				

[Expand All](#) | [Collapse All](#)

Diagnosis Information

Diagnosis Type	Diagnosis Code
ICD-10-CM	G114-Hereditary spastic paraplegia

Service Details

	From Date	To Date	Code	Modifiers	Units	Dollars
			CPT/HCPCS A9999-DME SUPPLY OR ACCESSORY, NOS		1.000	0

Attachments

#	Transmission Method	File	Control #	Attachment Type
1	FT-File Transfer	Physician Order.PNG (0K)		D2-Physician Order

Back

Confirm

Cancel

Complete the required information and submit the request by clicking **Confirm**.



Viewing Prior Authorization Status

- The authorization request is assigned an authorization number.
- Results list the first 20 authorizations with beginning service dates of today or greater.
- Results list only authorizations for which the viewing provider was on the request as the requesting provider.

View Authorization Status

Search Options **Prospective Authorizations**

Prospective authorizations identifying you as the Requesting or Rendering Provider are listed below. These results include the first (20) authorizations with a beginning Services Date of today or greater. Click the Authorization Number to view the authorization response details or select the Search Options tab to search for a different authorization.

Prospective Authorizations						
Click on a Column Heading to change the sort order						
Authorization Number	Service Date ▲	Member Name	Member ID	Service Type	Requesting Provider	Rendering Provider



Click to view the authorization



Member name and ID are displayed



Requesting provider is listed



Claims Fee-for-Service



Search Claims

Search Claims ?


Medical/Dental/Institutional

Either the Paid Date or Service From and To date are required fields when the Claim ID is not entered.

Claim Information


Claim ID




Member Information


Member ID Birth Date 

Last Name First Name

Service Information

Claim Type 

Service From  To  Claim Status 

Paid Date 






Search **Reset**

When searching for claims, you have the option to search by:

- Claim ID
- Member information and date of service
- Type of claim and claim information



Claim Search Results

Search Results									
To see service line information or to view a remittance advice, click on the '+' next to the claims ID.									
Total Records: 558									
+/-	Claim ID	Claim Type	Claim Status	Service Date ▼	Member ID	Rendering Provider ID	Medicaid Paid Amount	Paid Date	Member Responsibility
	000000000000	Professional	Finalized Payment				\$101.23		
		Professional	Finalized Payment				\$82.28		
		Professional	Finalized Payment				\$51.99		
		Professional	Finalized Payment				\$76.88		
		Professional	Finalized Payment				\$137.16		

To view the claim summary, click the plus sign (+) next to the Claim ID.

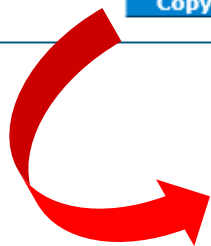
To view the claim explanation of benefits (EOBs), click the **Claim ID**.

Choose most recent claim when attempting a claim correction.



Claim Updates


Claim EOB Information	+
Claim Adjustment Reason Code Information	+
Adjudication Errors	+
No Occurrence Codes exist for this claim	
No Surgical Procedures exist for this claim	
No Attachments exist for this claim	
No Claim Notes exist for this claim	
Copy	Print Preview



Click COPY when
rebilling a denied claim.

Claim Updates

Claim EOB Information	+
Claim Adjustment Reason Code Information	+
No Other Insurance Details exist for this claim	
No Condition Codes exist for this claim	
No Occurrence Codes exist for this claim	
No Value Codes exist for this claim	
No Surgical Procedures exist for this claim	
No Attachments exist for this claim	
No Claim Notes exist for this claim	
No Adjudication Errors exist for this claim	
<div>Edit Copy Void Print Preview</div>	



Click EDIT to make claim corrections.
Click VOID to have the claim recouped.

Search Payment History

Search Payment History

This screenshot shows the 'My Home' page of a web application. The top navigation bar includes 'My Home', 'Eligibility', 'Claims', and 'Care Management'. The 'Claims' tab is selected. On the left, there are sections for 'Member in Focus' (with a 'Change' link), 'User Details' (with links for 'My Profile' and 'Manage Accounts'), and 'Provider' (with links for 'Disenroll', 'Provider Maintenance', and 'Enrollment / Revalidation Status'). At the bottom, the 'Provider Services' section contains a link for 'Search Payment History', which is circled in red. A partial 'WELCOME' message and a profile picture are visible on the right.

This screenshot shows the 'Claims' dropdown menu. The menu items are 'Search Claims', 'Submit Claim Dental', 'Submit Claim Inst', 'Submit Claim Prof', and 'Search Payment History'. The 'Search Payment History' option is circled in red. The background shows the 'My Home' page with the 'Claims' tab selected in the navigation bar.

Search Payment History

Search Payment History ?

Provider Information

Provider ID	ID Type NPI	Name
-------------	-------------	------

* Indicates a required field.

Enter a From and To Issue Date that does not span more than 90 days. To further refine the search, select a Payment Method and/or enter a Payment ID.

Payment Method

All ▼

Payment ID

Issue Date

*From 04/18/2019

*To 07/17/2019

Search

Reset

Auto populates last 12 weeks; or search by 12-week span.

You can search ALL payments, or search for paper checks or electronic funds transfer (EFT) only.

* Indicates a required field.

Enter a From and To Issue Date that does not span more

Payment Method

All ▼

Issue Date

*From

Check

EFT

None

Other




Search Payment History

Search Results

To see payment details, click on the Payment ID link.

To access a copy of the Remittance Advice, select the RA icon. Access to the RA will require Adobe Acrobat Reader.

Total Records: 13

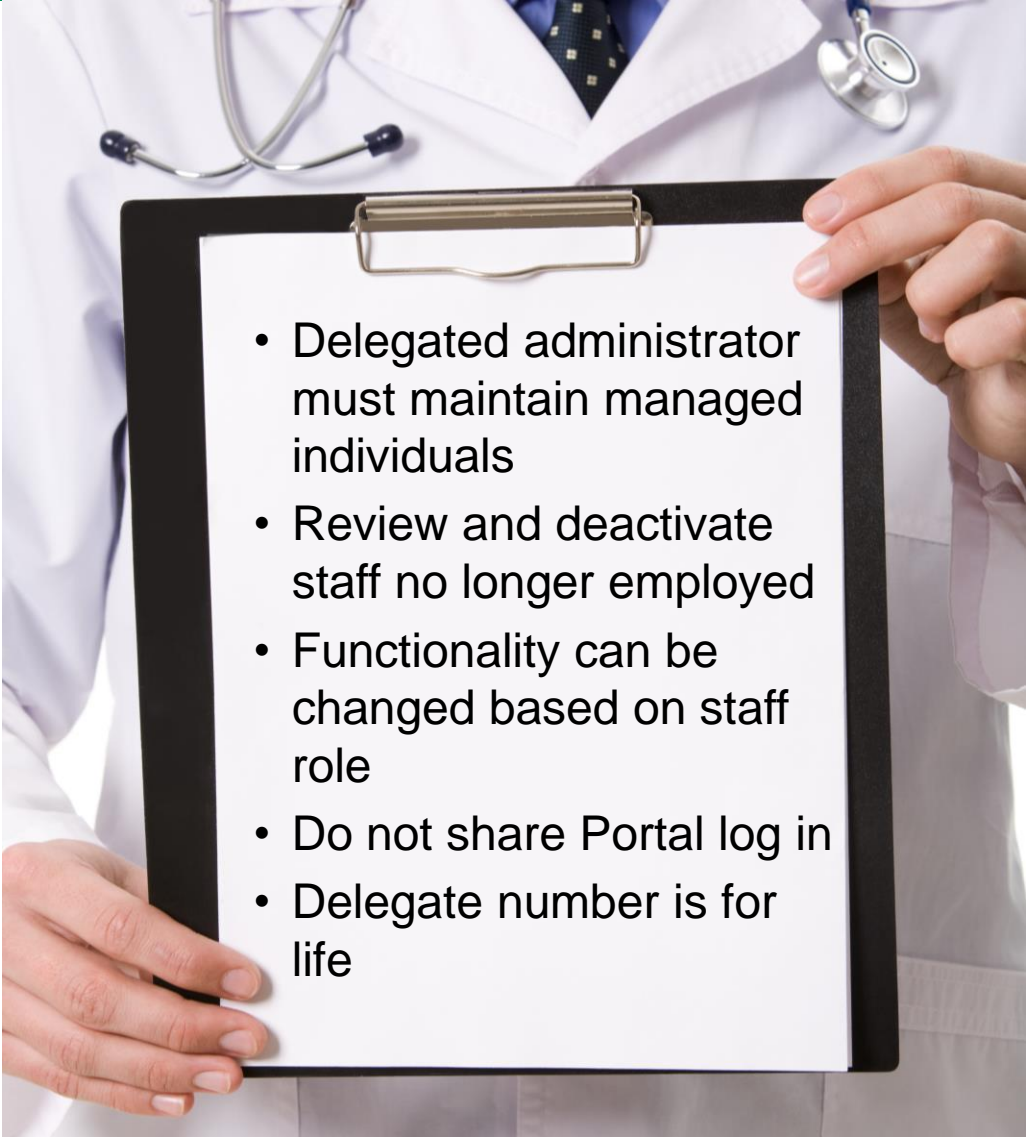
Issue Date ▼	Payment Method	Payment ID	Total Paid Amount	RA Copy (PDF)
07/17/2019	Check	000000000	\$0.00	
07/10/2019	Check	000000000	\$0.00	
07/03/2019	Check	000000000	\$0.00	

To view the remittance advice for claims associated with the EFT or check, click the icon for the PDF file.

Reminders



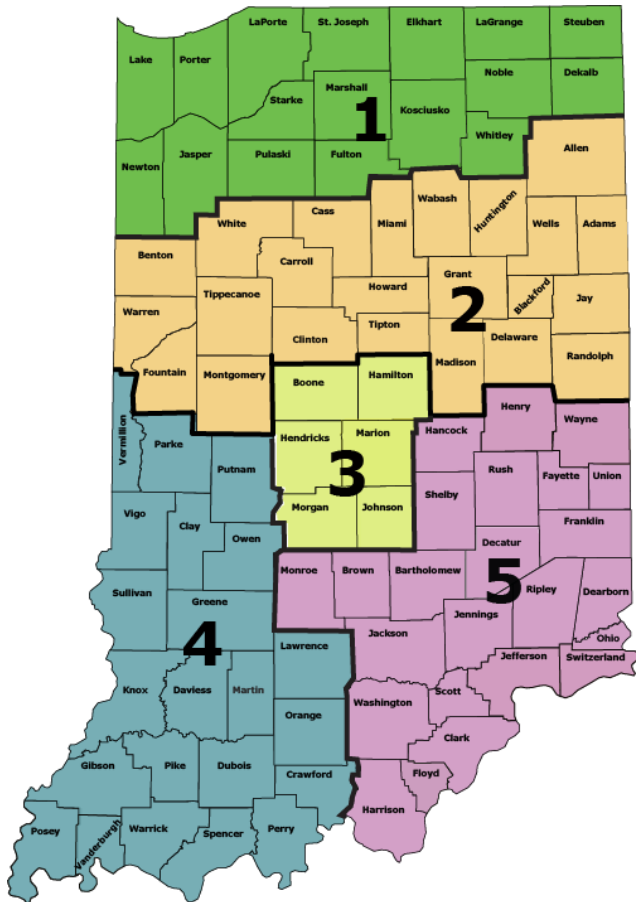
Reminders

- 
- A photograph of a person in a white lab coat with a stethoscope around their neck, holding a black clipboard. The clipboard has a white sheet of paper with a list of reminders. The person's hands are visible holding the sides of the clipboard.
- Delegated administrator must maintain managed individuals
 - Review and deactivate staff no longer employed
 - Functionality can be changed based on staff role
 - Do not share Portal log in
 - Delegate number is for life

Helpful Tools

Helpful Tools

Provider Relations Consultants



REGION	FIELD CONSULTANT	EMAIL	TELEPHONE	AREAS SERVED
1	Jean Downs	INXIXRegion1@dxc.com	(317) 488-5071	Indiana Counties: Dekalb, Elkhart, Fulton, Jasper, Kosciusko, LaGrange, Lake, La Porte, Marshall, Newton, Noble, Porter, Pulaski, St. Joseph, Starke, Steuben, Whitley Illinois: Chicago/Watseka Michigan: Sturgis
2	Shari Galbreath	INXIXRegion2@dxc.com	(317) 488-5080	Indiana Counties: Allen, Adams, Benton, Blackford, Cass, Carroll, Clinton, Delaware, Fountain, Grant, Howard, Huntington, Jay, Madison, Miami, Montgomery, Randolph, Tippecanoe, Tipton, Wabash, Warren, Wells, White Illinois: Danville
3	Crystal Woodson	INXIXRegion3@dxc.com	(317) 488-5324	Indiana Counties: Boone, Hamilton, Hendricks, Johnson, Marion, Morgan
4	Ken Guth	INXIXRegion4@dxc.com	(317) 488-5153	Indiana Counties: Clay, Crawford, Daviess, Dubois, Gibson, Greene, Knox, Lawrence, Martin, Orange, Owen, Parke, Perry, Pike, Posey, Putnam, Spencer, Sullivan, Vanderburgh, Vermillion, Vigo, Warrick Kentucky: Owensboro
5	Virginia Hudson	INXIXRegion5@dxc.com	(317) 488-5186	Indiana Counties: Bartholomew, Brown, Clark, Dearborn, Decatur, Fayette, Floyd, Franklin, Hancock, Harrison, Henry, Jackson, Jefferson, Jennings, Monroe, Ohio, Ripley, Rush, Scott, Shelby, Switzerland, Union, Washington, Wayne Kentucky: Louisville Ohio: Cincinnati/Harrison, Hamilton/Oxford
	Judy Green		(317) 488-5026	All out-of-state areas not previously listed.
Team Lead	Jenny Atkins		(317) 488-5032	

Helpful Tools

IHCP website at in.gov/medicaid/:

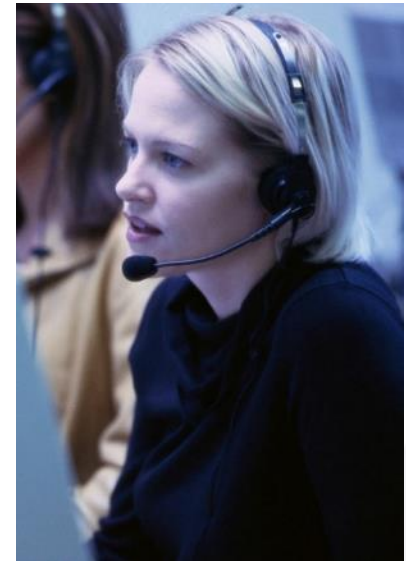
- *IHCP Provider Reference Modules*
- *Medical Policy Manual*
- Contact Us – Provider Relations Field Consultants

Customer Assistance available:

- Monday – Friday, 8 a.m. – 6 p.m. Eastern Time
- 1-800-457-4584

Secure Correspondence:

- Via the Provider Healthcare Portal
(After logging in to the Portal, click the **Secure Correspondence** link to submit a request)



Questions?

Following this session, please review your schedule for the next session
you are registered to attend



Session Survey - Tuesday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1047>



Session Survey - Wednesday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1056>



Session Survey - Thursday

Please use the QR code or the weblink below to complete a survey about the session you just attended. Each session has a unique survey so be sure to complete the appropriate one for each session you attend. We will be taking your feedback from this survey to improve future IHCP events.



<https://tinyurl.com/fssa1064>

